ALLOWANCE HOT LIST

| Appl. No. Examiner- | 10 622,730 TCMai | Prepared by _ Date _ | 72/10yd | - - |
|---------------------------|---|---|---|-------------------|
| | Primary Examiner box complete. Issuing Classification complete. | · | | |
| PTO-892/1 | 1449: | | | |
| XES NO XES NO | Examiner's initials or cross-through Date(s) supplied/complete on all P | ı lines supplied f FO-1449/892 she | or each item cited by applicets. (Month and year requ | icant. uired.) |
| SPEC: YES NO YES NO | Brief Description of Drawings in Continuing data is mentioned in | icludes description 1 st paragraph. (C | on of each figure in drawir an be an insert.) | ıgs. |
| CLAIMS: | | <i>,</i> • | | |
| XES NO YES NO | Claims listed on Notice of Allowab Claims correctly numbered in index (No duplicate or missing (No incorrect dependencies) | x. claim numbers.) | ved claims and/or index of | f člaim s. |
| CRFE: YES NO | If necessary (biological sequence | listing). | | · |
| NOTICE O | F ALLOWABILITY: | | (0 | • |
| | Either Box No. 3 (drawings accepted been checked. | d) or Box No | corrected drawing reques | t) has |